STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

APR 2 5 2019

PLEASE PRINT

NEW HAMPSHIRE

	DEPARTMENT OF STATE
I. Name of Lobbyist(s) Erica Bodwell, ESg.	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Northeast Delta Dental	
(Name of partnership, firm or corporation)	
One Delta Drive Concord N Business Address: (Street) (Town/City) (State	H 03302 e) (Zip Code)
(103) 223 - 1168 (Fax) e-mail (Fax)	e bodwell@nedelpr. Con
III. This statement covers: (Choose one – file separate reports for each client, Ol reportable expense transactions which are not attributable to any one client).	R you may file a separate report for
All reportable transactions occurring in the months prior to the reporting date rela	tive to the following client:
Northeast Delta Dental	
(Full Name of Client as it appears on the Lobbyist Registration Form	n)
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the unrelated to any particular client.	lobbying firm listed below which are
IV. Date of Report April 24, 2019 M July 31, 2019 Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to	
October 30, 2019	
V. There have been no fees received and no reportable transactions made If this box is checked, complete just this form and submit it to the Secretary of State's Concord, NH 03301.	
VI/Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A-Fe	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendu Expense Reimbursement	m B– Report of Honorariums or
If you, your firm, or your family has made political contributions, you must file	Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm and complete to the best of my knowledge and belief.	that the foregoing information is true $3 \cdot 19$
(Signature of lobbyist)	(Date)
(Signature of lobbyist) Will Bodwell (Print Name of lobbyist)	

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Erica Bodwell	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Northeast Dulk Dutal (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation) III. Name of Client Northeast Delk Dental	Date 4.23.19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: a) Total of all fees received in this reporting period	relations, or public relations services as fee amount reported shall not be a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)s <u>3056</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	dient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
mice Boodwell	4.23.19
(Signature of lobbyist)	(Date)
Erica Bodwell	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) En Ca Bodwe	ell, esq.
II. Name of lobbyist's partnership, firm or corpo	' U
North east Delta Denta (Name of partnership, firm or corporation)	l .
III. Name of Client Northust Dultu	Dental Date 4.23.19
Political Contributions For each political contribution that is reportable pu client/lobbyist and lobbying firm, indicate the follows:	
Full name of candidate: South (Last Name).	Donna M (First Name) (Middle Name/Initial)
Amount of contribution \$ \ \ \ \ 000	Office Candidate is Seeking Jenate
	description of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
Full name of candidate: Felto (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Office Candidate is Seeking <u>Senate</u>
If the contribution is an in-kind contribution, provide a d	lescription of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
6 D A	
Full name of candidate: Male - Clark	(First Name) (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions or	n separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
(Signature of lobbyist)	<u> 4.23.19</u> (Date)
(Print Name of lobbyist)	

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